



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
BUREAU OF INSURANCE
 34 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0034

**Business Entity
 Termination of License or Branch Registration**

This form is to be used if requesting termination of the Business Entity (primary agency license) or branch registrations.

Primary Business Entity Name: _____

Business Entity FEIN #: _____ Primary License #: _____

Contact Person: _____ Phone #: _____

Do you wish to terminate the Primary business entity license? Yes No
If yes, you do not need to fill out the table below as the branch registrations will be terminated automatically.
If no, please list in the table below the branch registrations that you wish to terminate.

List of all branch registrations to be Terminated (Branches listed must have the same FEIN # as the Primary listed above)	Maine License #

Once completed, you may fax the form to: (207) 624-8599 or E-mail to: insurance.pfr@maine.gov

Questions? Contact us at:

Phone: (207) 624-8475 E-mail us at: Insurance.pfr@maine.gov

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